

# DO/ EO WORKSHEET

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## EXPRESS RECEIPTS FROM THE APPLICANT (*other than checked above*) :

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| <input checked="" type="checkbox"/> Basic National Fee ( <i>or authorization to charge</i> )<br><input type="checkbox"/> Description <input checked="" type="checkbox"/> Claims <input checked="" type="checkbox"/> Abstract<br><input checked="" type="checkbox"/> Drawing Figure(s) - (# of drwgs. <u>11</u> )<br><input type="checkbox"/> Translation of Article 19 Amendments<br><input type="checkbox"/> entered <input type="checkbox"/> not entered :<br><input type="checkbox"/> not a page for page substitution<br><input type="checkbox"/> replaced by Article 34 Amendment<br><input type="checkbox"/> Annexes to 409<br><input type="checkbox"/> entered <input type="checkbox"/> not entered :<br><input type="checkbox"/> not a page for page substitution<br><input type="checkbox"/> no translation <input type="checkbox"/> other : _____<br><input type="checkbox"/> Application Data Sheet<br><input type="checkbox"/> Power of Attorney/ Change of Address<br><input type="checkbox"/> Other : _____ | <input checked="" type="checkbox"/> Preliminary Amendment(s) Filed on :<br>1. <input checked="" type="checkbox"/> same as 371 request date 2. _____ 3. _____<br><input type="checkbox"/> Information Disclosure Statement(s) Filed on :<br>1. <input type="checkbox"/> same as 371 request date 2. _____ 3. _____<br><input type="checkbox"/> Assignment Document (forwarded to Assignment Branch)<br><input type="checkbox"/> Assignee Statement Under 37 CFR 3.73(b)<br><input type="checkbox"/> Assignee PG Publication Notice<br><input type="checkbox"/> Substitute Specification Filed on :<br>1. <input type="checkbox"/> same as 371 request date 2. _____ 3. _____<br><input type="checkbox"/> Verified Small Status Statement<br><input type="checkbox"/> Oath/ Declaration (executed)<br><input type="checkbox"/> unsigned <input type="checkbox"/> no citizenship<br><input type="checkbox"/> DNA Diskette <input type="checkbox"/> Sequence Listing<br><input type="checkbox"/> Other : _____ |
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